

SOUTHERN ARIZONA VETERANS' MEMORIAL CEMETERY

APPLICATION FOR INTERMENT

1300 Buffalo Soldier Trail, Sierra Vista, AZ 85635 PH. (520) 458-7144 FAX (520) 458-7147

DECEDENT NAME:

Name to be inscribed on marker. First _____ middle initial _____ last _____ suffix _____

DECEDENT: SS# _____ DOD _____ DOB _____

Gender: M ☐ F ☐ Marital Status: Married ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown ☐

Relationship (to Veteran) _____

Place of residence _____

Last known: City, State, Zip code, County of decedent

FUNERAL HOME: _____ Contact _____ Phone _____

Leave blank if family member is making arrangements

LEGAL NEXT OF KIN _____ Relationship _____

SPOUSE ONLY: DOB _____ SS# _____

Address _____ Phone _____

City _____ State _____ Zip code _____

Is spouse a veteran _____ If so, does surviving spouse want "a set aside grave?" _____ If yes, provide copy of discharge for both veterans.

VETERAN: _____ Highest Rank _____

Service# _____ First _____ middle initial _____ last _____ SS# _____ VA Claim # _____

Military Status: Veteran ☐ Retired Military ☐ Active Duty ☐

Branch of Service: Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ Other _____

Active Duty Dates: Entry _____ Discharge _____

Committal Shelter Requested? Yes ☐ No ☐ (Funeral Director or family schedule services.)

Honors _____ (Scheduled by funeral home. Include branch of service.)

Desired Religious Emblem None ☐ Select number from attached authorized list _____

Casket: _____ Urn: _____ Do you want war periods displayed on the niche cover/headstone? _____

Procession: Scheduled services w/ family _____ Direct to-witness _____ Direct (No witness) _____

Requested date and time for service: _____

PLEASE FORWARD ALL AVAILABLE MILITARY DOCUMENTS

Documentation is required for Awards and Highest Rank Held. Information on this form will also be used to order the monument. Please insure that spelling and dates are accurate. I have certified that the above information is correct.

SIGNATURE (NOK): _____ **DATE:** _____

*****FOR OFFICE USE ONLY*****

SCHEDULING: Day _____ Date _____ Time _____

Previous family burials: _____
(Burial of spouse and/or dependent child)

Section _____ Row _____ Site _____ Verified Docs _____ Verified by: _____